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NINTH PLENUM SPEECH OF JERZY SZTACHELSKI  
ON THE PROGRESS OF HEALTH SERVICES IN POLAND

Nowe Drogi  
 Warsaw, Oct 1953

[The following report of Jerzy Sztachelski, Minister of Health, was given at the Ninth Plenum of the KC PZPR (Central Committee of the Polish United Workers' Party), held in Warsaw on 29-30 October 1953.

The report was given at the plenum as an amplification of the featured report of Premier Boleslaw Bierut, "Task Party in Struggle to Raise Standard of Living of Workers in Current Phase of Building Socialism." An English-language translation of Bierut's report is available in the PAP (Polish Press Agency) release of 6 November 1953, pages 1-44.]

The health services are the instrument with which the state gives direct attention to the human being. Needs in health protection are very deeply felt by the citizens; as a result, many problems and deficiencies in our work find general response in our society.

I would like to present a few of the problems. The first problem is the fulfillment, by the health services, of tasks in the Six-Year Plan. During the first 4 years of the Six-Year Plan, the health services made much progress. There has been a tremendous expansion in the number of health centers and in the employment of professional personnel. Two million sick people were cared for in hospitals, sanatoriums, and other health centers in 1952, and over 20 million individuals benefited from clinics. There have been important changes in social legislation, namely: expansion of the limited prewar insurance coverage, increased allowances for illness and childbirth, increased maternity leaves, and other leaves.

At this moment we have access to 1952 statistics. The birth rate remains high, while the mortality rate continues to decrease. Infant mortality has decreased to 9.5 percent. The tuberculosis mortality rate has decreased somewhat, although relatively little. As a result, in 1952 we had a record natural increase of 19.5 percent.

We failed to accomplish two tasks entrusted to us in the Six-Year Plan. We did not fulfill the planned increase of beds in sanatoriums and we did not fulfill the task of increasing the villages' seasonal nurseries. The development of nurseries, haphazard thus far, is not in the plan since it is not based on new construction but on the exploitation of existing possibilities of space.

The influx of medical personnel does not yet meet the demand. We want to attain an average of ten doctors per 10,000 population. We will be able to achieve this goal in 1960, the last year of the next Five-Year Plan. Manpower difficulties will decrease significantly from year to year since the average annual increase amounts to 2,300 doctors, but for some years we will still feel the shortage.

As for other shortcomings, Comrade Matuszewski mentioned the unsatisfactory relation between doctor and patient. It is true that such instances do exist, that they are sometimes extreme, and that they are not rare. What are the causes of this state? It seems to me that if we look for the roots of this

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phenomenon we can trace them to attitudes surviving from the capitalist period. Some doctors who became demoralized during the occupation and indulged in speculation and exploitation of patients are carriers of this perfunctory attitude toward the sick. Likewise, there is a strong reactionary group in this profession, especially the clergy. We are trying to overcome these perfunctory and profiteering attitudes but professional clannishness often covers up the anti-social eccentricities of health service workers.

It is clear that we cannot conduct this battle with only repression and pressure. It is necessary to fight with stubborn and continuous political indoctrination to stamp out this phenomenon. The Ministry of Health clearly sees the obligations facing the ministry and the health divisions of the people's councils. The party committees must be cognizant of the need of political work in the medical field.

A vast number of workers in the health service are dedicated and competent workers. In Tomaszow Lubelski the hospital deserves to be a model for this type of institution in Poland. We already have many such hospitals.

The weakest area in the entire medical services system is the clinical medical service. This is a segment of the health insurance system. This segment of the health service is characterized by a generally lower professional level than that found in hospitals. It is more bureaucratic even in its medical work than the other segments. It is in a most unsatisfactory state of organization, especially in the larger cities.

Unfortunately the medical services capital, Warsaw, excels in a bad tradition of clinical medical services. However, we did not sufficiently help the Warsaw clinic and we gave too little money for its expansion in 1953.

A concrete program for correcting and raising the standard of clinical medical services has been worked out in the Ministry of Health.

Up to this time achievements in health services have been chiefly quantitative. We have been justifying our work before the public with numerical achievements. We must admit that the rapid expansion of medical services conceals the possibility of superficiality and bureaucracy. Since a year ago we have been considering the problems of specialization and of raising qualifications. In connection with this, a scholarship system has been created for doctors and for the Institute of Medical Staff Improvement and Specialization. The great influx of young medical personnel makes the situation very difficult.

The sanitary conditions in our country are unsatisfactory; what is worse, this problem is met with alarming tolerance. These unsatisfying sanitary conditions threaten a rise in infectious diseases, although more efficient control of disease prevents epidemics and spread of disease.

The low state of sanitation is evidence of a drastic lack of respect for the human being. Beyond question, the health services will have to accept responsibility for this state. The health services should attend to this matter and strive to eliminate this problem. But, we cannot burden the health services exclusively with the full responsibility for this state of affairs. Every director of an institution is responsible for meeting the fundamental and elementary requirements of sanitation.

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